

Bureau of Health Care Quality and Compliance

PRINTED: 03/30/2010
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1212SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2010
NAME OF PROVIDER OR SUPPLIER TORREY PINES CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146		
RECEIVED APR 07 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/23/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024806 was substantiated with a deficiency cited. (See Tag Z 474)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000	<p>1.) Rooms 202, 203, 205, 208, 210, and 220 were thoroughly cleaned shortly after the exit conference with BHCQC surveyors this included removal of calcium buildup on faucets, and thorough cleaning of the mirrors as identified in this SOD. Additionally the housekeeper identified as not following policy for floor cleaning, was removed from the schedule and re-educated to the proper way to clean floors per policy and acceptable standards and required to provide the Housekeeping Supervisor with a return demonstration prior to returning to duties. Residents in rooms 210 and 220 had urinals removed and properly stored.</p> <p>2.) All residents have the potential to be affected By these practices. The Housekeeping supervisor has ensured that policies and procedures identified in the HSG Policy and Procedure manual are now in place and adhered to. Additionally all rooms, offices and common areas have been checked to ensure that Housekeeping has provided services to maintain a sanitary, orderly and comfortable environment. Specifically, All housekeeping staff were re-educated on this policies for cleaning rooms and bathrooms and proper floor cleaning policy. All housekeeping personnel were required to provide the Housekeeping Supervisor with a return demonstration. The DNS conducted facility wide sweep of the facility to identify any residents who did not have urinals properly stowed. In addition to this initial facility-wide sweep conducted by the DNS, any resident identified who refused to properly stow their urinal were informed of the risk and benefit of this decision. This conversation was documented in the active chart, and a care plan was put in place to identify and encourage residents who chose not to comply with the acceptable standard to do so.</p>		
Z474 SS=F	<p>NAC 449.74539 Physical Environment</p> <p>5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; This Regulation is not met as evidenced by: Based on interview, observation and document review, the facility failed to provide a sanitary environment in 6 of 6 rooms inspected (Rooms 202, 203, 206, 208, 210 and 220).</p> <p>1. The mirrors located in the bathrooms for room</p>	Z474	<p>3.) The housekeeping supervisor will monitor the housekeeping staff to ensure that policies and procedures to ensure a clean and comfortable environment is provided to all patients. The DNS will also conduct frequent rounding to ensure compliance with proper storage of urinals.</p> <p>4.) This system will be monitored via frequent and thorough rounding of the Executive Director, the DNS, and the Housekeeping Supervisor.</p> <p>5.) Date of completion 04/05/2010</p>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Executive Director* (X6) DATE *4/5/10*

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Z474	<p>Continued From page 1</p> <p>202 and 206 contained a white substance all over the mirror. The mirrors were not cleaned per the facility policy.</p> <p>2. The bathroom faucets located in rooms 202, 208, 210, and 220 were corroded and had a build up of calcium.</p> <p>3. Urinals were observed on the bedside table, the bathroom sink or the bedside cabinet in rooms 210 and 220.</p> <p>4. The bedrooms were mopped with plain water and no disinfectant was placed in the water in accordance with facility policy.</p> <p>Severity: 2 Scope: 3</p>	Z474	<p>RECEIVED</p> <p>APR 07 2010</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		

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